



**REQUEST FOR DESIGNATION AS A DONEE SCREENER
AND FEDERAL INSTALLATIONS TO BE SCREENED**

NORTH DAKOTA STATE AGENCY FOR SURPLUS PROPERTY

SFN 51150 (6-2006)

ND State Agency for Surplus Property

**600 E Boulevard Ave Dept 15
Bismarck ND 58505-0608**

Office 701-328-9665

Warehouse 701-328-9666

Fax 701-328-9669

It is requested that individual listed below be approved as a donee screener pursuant to the Federal Property Management Regulations and the North Dakota State Plan of Operation of the Federal Property Assistance Program:

Authorization is requested for the above applicant to screen federal surplus personal property at the following installations in North Dakota:

The following conditions are agreed to:

1. The applicant will abide by rules, regulations, and procedures of the federal holding agencies, the General Services Administration, and the North Dakota Surplus Property Agency.
2. All requests for property will be promptly submitted to Surplus Property and notifications to pick up property will be promptly honored.
3. A screener's identification card (GSZ Form 2946) will be issued by General Services Administration after approval of this application.
4. The screener's identification card will be returned to Surplus Property upon demand or expiration.

Signed: (Administrative Official of Eligible Organization)

Date:

Donee Institution or Agency:

FOR STATE AGENCY USE

Request Approved ☐ Disapproved ☐

Screener Identification Number:

Signed: (Surplus Property)

Date:

Training Completed: (Screener's Signature)

Date:

Name of Applicant: (Print - Last, First, Middle)			
Name of Institute or Organization:			
Address of Institute or Organization:	City:	State:	Zip Code:
1. Education: Highest Elementary or High School Grade Completed:			
College Years Completed:	Degree:		
College Major:	Minor:		
2. Other Training such as Trade, Vocational, Armed Forces, Screening:			
3. Special Qualifications not Listed above, such as Publications, Patents, or Inventions, Licenses, or Certificates:			

4. List Special Knowledge you Possess in the Following Areas:

A. Business Machines:
B. Chemicals and Chemical Products:
C. Computers and Data Processing Equipment:
D. Construction, Heavy Equipment:
E. Electronics:
F. Medical Equipment:
G. Machine Tools:
H. Science and Laboratory Equipment:
I. Other:

CERTIFICATION:

This is to certify that neither I, _____, nor any member of my immediate household will participate, or act as an agent for other bidders, in competitive or negotiated sales of personal property by the Federal Government, or any agent thereof, during the period of screening authorization on GSA Form 2946, Screener's Identification.

Signature of Applicant:	Date:
-------------------------	-------